

CENTRAL OFFICE USE ONLY

P.R. \_\_\_\_\_  
Director \_\_\_\_\_  
(NAR) \_\_\_\_\_  
(LTC) \_\_\_\_\_  
(FCC) \_\_\_\_\_

Licensee \_\_\_\_\_  
(LTC) \_\_\_\_\_  
(FCC) \_\_\_\_\_

Receipt No. \_\_\_\_\_

Licensure Period \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH SERVICES  
Division of Licensed Child Care  
Frankfort, KY 40621

APPLICATION FOR A LICENSE TO OPERATE A DAY CARE CENTER

1. Name of Center \_\_\_\_\_

Center Address \_\_\_\_\_

Street City Zip  
(Describe location of center on separate sheet, if on a rural route)

Center Telephone No. \_\_\_\_\_ County \_\_\_\_\_

2. List a mailing address if mail is **not** to be sent to center.

3. Is the owner of the day care a corporation? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, complete the following and attach a current certificate of existence or authorization from the Secretary of State:**

Name of corporation \_\_\_\_\_

Corporation Address \_\_\_\_\_

Corporation Telephone No. \_\_\_\_\_

4. If owner is not a corporation, list owner of business, not owner of building. **If the owner is a partnership, include a written statement from the partners that the partnership is current and viable.**

Owner \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

If more space is needed, use a separate sheet.

5. Name of Director\_\_\_\_\_Social Security No.\_\_\_\_\_

21 years of age or older? \_\_\_\_Yes \_\_\_\_No Qualifications\_\_\_\_\_

6. Number of buildings to be used for center\_\_\_\_\_

If more than one, identify each separately by name, number or address:

1st Bldg.\_\_\_\_\_ Number of rooms to be used\_\_\_\_\_

2nd Bldg.\_\_\_\_\_ Number of rooms to be used\_\_\_\_\_

7. Number of children you want to care for (if approved):\_\_\_\_\_

8. Ages of children for whom care is intended, check categories listed below:

Infant (under one year of age) ☐

Toddler (between twelve and twenty-four months) ☐

Two to School Age (do not attend school) ☐

School Age (attending kindergarten, elementary or secondary education) ☐

9. Do you intend to provide the following services?

Transportation (**includes field trips**) ☐ Nighttime Care (**after 6 p.m.**) ☐

Hours center will be open: From\_\_\_\_\_a.m. to \_\_\_\_\_p.m.

10. If this is a change of ownership, list name of center as it is currently licensed:

The information given in completing this application is accurate to the best of my knowledge and I recognize that falsification of this application can result in denial or revocation of license.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner/Authorized Agent)

Forward application with check/money order in the amount of \$50.00 to the Cabinet for Health Services, Division of Licensed Child Care, 275 East Main Street, CHR Building, Fifth Floor E-A, Frankfort, Kentucky 40621-0001. Make check payable to the Kentucky State Treasurer.

CENTRAL OFFICE USE ONLY

Director  
(NAR) \_\_\_\_\_  
(LTC) \_\_\_\_\_  
(FCC) \_\_\_\_\_

Licensee  
(LTC) \_\_\_\_\_  
(FCC) \_\_\_\_\_

Receipt No. \_\_\_\_\_

Licensure Period \_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH SERVICES  
Division of Licensed Child Care  
Frankfort, KY 40621

APPLICATION FOR RENEWAL OF A LICENSE TO OPERATE A DAY CARE CENTER

1. Name of Center \_\_\_\_\_

Center Address \_\_\_\_\_

Street City Zip  
(Describe location of center on separate sheet, if on a rural route)

Center Telephone No. \_\_\_\_\_ County \_\_\_\_\_

2. List a mailing address if mail is **not** to be sent to center.

3. Is the owner of the day care a corporation? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, complete the following and attach a current certificate of existence or authorization from the Secretary of State:**

Name of corporation \_\_\_\_\_

Corporation Address \_\_\_\_\_

Corporation Telephone No. \_\_\_\_\_

4. If owner is not a corporation, list owner of business, not owner of building. **If the owner is a partnership, include a written statement from the partners that the partnership is current and viable.**

Owner \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Owner \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address\_\_\_\_\_ Telephone No.\_\_\_\_\_

If more space is needed, use a separate sheet.

5. Name of Director\_\_\_\_\_ Social Security No.\_\_\_\_\_  
21 years of age or older? \_\_\_\_Yes \_\_\_\_No Qualifications\_\_\_\_\_  
\_\_\_\_\_

6. Currently licensed for a capacity of:\_\_\_\_\_  
Number of buildings used for center\_\_\_\_\_  
If more than one, identify each separately by name, number or address:  
1st Bldg.\_\_\_\_\_ Number of rooms used\_\_\_\_\_  
2nd Bldg.\_\_\_\_\_ Number of rooms used\_\_\_\_\_

7. Ages of children for which center is licensed, check categories listed below:

Infant (under one year of age) ☐  
Toddler (between twelve and twenty-four months) ☐  
Two to School Age (do not attend school) ☐  
School Age (attending kindergarten, elementary or secondary education) ☐

8. Are you providing the following services?

Transportation (**includes field trips**) ☐ Nighttime Care (**after 6 p.m.**) ☐  
Hours open: From\_\_\_\_\_a.m. to \_\_\_\_\_p.m.

The information given in completing this application is accurate to the best of my knowledge and I recognize that falsification of this application can result in denial or revocation of license.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner/Authorized Agent)

Forward application with check/money order in the amount of \$25.00 to the Cabinet for Health Services, Division of Licensed Child Care, 275 East Main Street, CHR Building, Fifth Floor E-A, Frankfort, Kentucky 40621-0001. Make check payable to the Kentucky State Treasurer.